

APPLICATION FOR  
**NAME CHANGE OR DUPLICATE COPY OF CERTIFICATE**  
ARIZONA DEPARTMENT OF EDUCATION – CERTIFICATION UNIT  
Mailing Address: P.O. Box 6490, Phoenix, AZ 85005-6490 • Telephone: (602) 542-4367

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**GENERAL INSTRUCTIONS AND INFORMATION:**

*Please submit the following:*

Step 1: Complete this application, sign and date.

Step 2: Mail the following to: **ADE - Certification Unit, P.O. Box 6490, Phoenix, AZ 85005-6490:**

Checklist:

- ☐ Completed application, signed and dated.
- ☐ \$20 personal check, money order or cashier's check made payable to the  
"Arizona Department of Education". Fees are not refundable. **Cash will not be accepted.**
- ☐ If applying for a name change, proof of name change must be included, see below. Photocopies accepted.

Step 3: The Certification Unit will review your application for completeness, correct fee and proof of name change (if applicable). Once verified, a new printed certificate will be mailed to the address below.

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**SECTION 1: PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)**

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** M/F  
(For identification purposes only)

**Full Legal Name:** \_\_\_\_\_  
Last First Middle

**Mailing Address:** \_\_\_\_\_  
Street Number or P.O. Box City State Zip

**Telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Ethnicity:** \_\_\_\_ Asian or Pacific Islander \_\_\_\_ Black or African-American (Not-Hispanic) \_\_\_\_ Hispanic or Latino  
\_\_\_\_ White (Not-Hispanic) \_\_\_\_ American Indian or Alaskan Native \_\_\_\_ Other  
(Gender and Ethnicity are requested for federal reporting purposes only)

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**SECTION 2: SERVICE(S) REQUESTED**

**PLEASE PLACE AN "X" ON THE LINE NEXT TO THE REQUESTED SERVICE, SIGN AND DATE**

\_\_\_\_\_ A duplicate copy of my certificate.

\_\_\_\_\_ A name change of my educator file due to my name being legally changed.

- ☐ Submit proof of name change. Acceptable forms of proof include: copy of IVP fingerprint card, Marriage License, Driver's License, Court Order or Divorce Decree. Photocopies accepted.

**FORMER NAME:** \_\_\_\_\_  
Last First Middle

**NEW NAME:** \_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date